Authors: [1]Lynne Eagle, [1]Simon Jones, [1]Gillian Kemp, and [2]Julia Verne

Affiliations: [1] Bristol Business School
Frenchay Campus, Coldharbour Lane
Bristol BS16 1QY
Telephone +44 (0) 117 32 83249
Fax +44 (0) 117 32 82289

[2] South West Public Health Observatory
Grosvenor House, 149 Whiteladies Road
Bristol BS8 2RA
(0117) 970 6474
(0117) 970 6481

Corresponding Author: Gillian Kemp
Mailing address: Bristol Social Marketing Centre, University of the West of England, Frenchay Campus, Coldharbour Lane Bristol BS16 1QY
Telephone +44 (0) 117 32 83433
Fax +44 (0) 117 32 82289
Email: gill.kemp@uwe.ac.uk

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Abstract

We discuss the decline in trust in government-sponsored sources of health information within a wider fall in trust of health systems overall. The reasons for declining trust are examined, drawing on past high profile examples such as pandemics and vaccination programmes where government information has been criticised as inadequate or unconvincing. We suggest that trust overall in official sources of information for general health advice is more vulnerable to external influences such as news media coverage and commercial marketing activity than previously recognised. Recommendations for policy and intervention development conclude the paper.

Introduction

While seen as more credible than most commercial sources, governments overall as sources of information have become significantly less trusted in the last thirty years (Berry et al., 2009). The health sector has not been immune from this, with evidence of decreased confidence in public health risk communication (McComas & Trombo, 2001) and an overall lack of trust in public health experts (Gilson, 2003; Siegrist et al., 2001). Passive acceptance of government information or advice is no longer assured particularly when it merely reiterates existing policy stances (Stroud, 2004). Source expertise is known to directly influence perceived credibility of a message (Eastin, 2001) and evaluation of the credibility of information has moved from passive acceptance of authority-based information, to judgement based on the synthesis of input from multiple sources including consumer / news media (Lankes, 2008). There is an assumption that the media will provide accurate and uncritical information transmission of medical 'facts' (Holmes, 2008), yet there is evidence from the US of sensationalism, amplification of risks and emotional aspects such as individual cases and speculation on worst-case scenarios (Dudo et al., 2007), thus the media's impact may not always be in line with majority expert opinion or possibly even in the public's overall interest..

Several high profile health issues illustrate how media coverage can impact on health-related behaviours, particularly when specific themes are repeated and when behaviour has a strong normative component (Petts & Niemeyer, 2004). For example media influence and how it relates to the debate regarding the MMR vaccine outlined below.

MMR Vaccine

Immunisation for measles, mumps and rubella using a combined vaccine (MMR) fell sharply after a medical study reported suggested a link between the vaccine, autism and

inflammatory bowel disease (Wakefield et al., 1998). As a results of news media reports of Wakefield et al.'s paper(1998) the percentage of UK children being vaccinated with the combined measles, mumps and rubella (MMR) vaccine fell sharply, from 92% to around 80%, but as low as 50% in some metropolitan areas (Speers & Lewis, 2004; Wood-Harper, 2005). The media also reported that GPs were advising parents not to have their children vaccinated with MMR, further reinforcing perceptions that there were problems with the vaccine and leading to an overall loss of confidence in both the vaccine's safety and the credibility of government advice (Salisbury, 2002). Even though subsequent studies have refuted the speculative causal link made by Wakefield and his team (McMurray et al., 2004; Offitt & Coffin, 2003; Petts & Niemeyer, 2004), these have not been reported widely in the mass media.

The latest chapter in the MMR saga played out in January 2010 when the UK General Medical Council's Fitness to Practice Panel ruled that Dr Wakefield had acted "dishonestly and irresponsibly" in undertaking the research, and in doing so had disregarded the suffering of the children involved and subjected some youngsters to unnecessary tests (GMC, 2008). It was in light of this ruling that the Lancet concluded that there is sufficient evidence of wrongdoing on Wakefield's part to print a full retraction 12 years after its original publication (Eggertson, 2010). Whether this will have any impact on public trust in relation to MMR vaccination remains to be seen. In May 2010 Dr Andrew Wakefield was officially 'struck off' the medical register by the general medical Council (Triggle 2010).

Risk Perception and Information Sources

Perceptions of risk by the public may be very different to the perceptions of health professionals. The media translate expert debate about processes and risk into lay

language, often focussing on risk to children. This 'news' is interpreted by parents in a social context, relating it to past experiences with health sources and information from a range of other sources, including friends, family. New meanings and interpretations then evolve in exchanges with others (Hobson-West, 2007; Alaszewski, 2005; Streefland, 2001).

The decline in MMR vaccination rates was highest among socially advantaged who were the most active in seeking information on the vaccine and its safety (Ramsey et al., 2002). Parents used 3 or more sources of information, including family and friends; government information was perceived as biased and 30% of the respondents in one study regarding information from health professionals as unsatisfactory (Smailbegovic et al., 2003).

The government's response to the MMR controversy demonstrates a traditional paternalistic approach, merely reiterating that the vaccine was safe and emphasising potential risk from the disease (Stroud, 2004). There is no evidence of attempts to analyse the impact of the media controversy on risk perceptions, or to understand and address parental perceptions or misperceptions. Calls to provide specific explanations of how immune systems process combined vaccines (Hilton et al., 2006) do not appear to have been heeded. It is suggested that parental trust can no longer be taken for granted (Cooper 2008). Past experiences and memories pertaining to previous health situations can also impact on public confidence as is depicted in the following sections.

Memories of 'Mad Cow'?

Part of the failure to reassure the public of the MMR vaccine's safety appears to be based on collective memory (Lee, 2009) of the government handling of the Bovine spongiform encephalopathy (BSE), (mad-cow disease) crisis during the mid 1990s (Burgess et al.,

2006; Wilson, 2004, Davies, 1999). During the BSE crisis, it is claimed that government officials refused to accept that BSE could be transmitted to humans and that there was a lack of urgency in policy development, implementation and communication of risk to the public (Curnow, 2002). Some 80 people have died of the disease, 4.5 million cattle were slaughtered to prevent the spread of the disease and some £2 billion paid in compensation and carcass disposal costs (BBC, 2000). There are suggestions in the news media that the reported death figures from variant Creutzfeldt-Jacob Disease, the human version of BSE are inaccurate, as evidenced by the following media headline:

vCJD death figures ' are massaged'
(BBC News, 20/ 03/ 2010)

SARS

The lack of confidence in official communications, illustrated by the BSE crisis is not unique as the following example from the more recent Sudden Acute Respiratory Syndrome (SARS) outbreak. It is suggested (Lee, 2009) that the Hong Kong government failed to act to contain the SARS outbreak in late 2002, and criticised the media for scare mongering. As the outbreak spread, Lee asserts that the government provided "inconsistent and anarchic messages" with poor communication across government agencies, leading to loss in public trust of government advice and actions, especially when contrasted with more effective containment and communication measures in nearby Macau and Singapore (Deurenberg-Yap, 2005).

Strengthening public trust

Cooper et al (2008) identified a number of strategic approaches to strengthening public trust that relate primarily to: (1) raising public awareness; (2) the need to educate the public on relevant policies and processes; (3) increasing the diversity of public engagement and (4) improving the communication skills of health leaders. Although

these approaches are specifically related to immunisation issues there applicability to wider public concerns should be considered. It is only by identifying public concerns, suitable communication strategies can be devised that address the issues and that seek to overcome public apprehensions.

A potential framework for guiding the development of future communications regarding immunisation and other topics is provided by Pornpitakpan (2004) drawing on commercial marketing activity. The key dimensions that need to be considered centre on trustworthiness, empathy with the target groups, and recognition of their disposition towards the topic, as well as their level of involvement in issues. These dimensions are not evident in current government sponsored health communications. In addition, there is a need to send messages through appropriate channels in a form that enables effective communication of key issues and the addressing of arguments and counter-arguments that may have been gained from other sources.

Conclusion

The decline in trust in government sponsored health information has significant implications for the populations' health and well being. Health policy recognises the importance of understanding how people live their lives and the factors impacting on their health and lifestyle choices. However this is not evident in actual practice. A significant shift in communication approaches is therefore necessary to align policy and practice, in order to serve public information needs more efficiently and effectively. This should be research informed and consumer focussed. The philosophy is spelt out in the Department of Health quote noted earlier. What is needed is its application in real world practice.

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